SERIAL NO. 10065270 FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. .83 ı-85 TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL